

**State of Illinois**  
**Judicial Inquiry Board**  
**100 West Randolph Street, Suite 14-500**  
**Chicago, IL 60601**  
**(312) 814-5554, (800) 227-9429, TDD (312) 814-1881, Fax (312) 814-5719**

## COMPLAINT AGAINST A JUDGE

**Instructions:** Please type or print all information. If you wish to provide documents to support your allegations, please attach copies of those documents. **We cannot return documents.** You must designate specifically the particular words, diagrams or pictures contained in any documentation submitted which substantiates your allegations. Documentation without the required designation will not be considered. **The Board's jurisdiction extends only to active Illinois Supreme Court Justices, Appellate Court Justices, and Circuit Court Judges.** Return Complaint to the above address.

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime telephone:(    ) \_\_\_\_\_

Evening telephone:(    ) \_\_\_\_\_

**Note: To ensure the receipt of future correspondence after you have submitted your Complaint, you must provide the Board with any change of address information.**

I have information of possible misconduct or disability on the part of the following Illinois judge:

First and Last Name of Judge: \_\_\_\_\_

City and County: \_\_\_\_\_

Court Level:            \_\_Supreme Court      \_\_Appellate Court      \_\_Circuit Court

## STATEMENT OF FACT

1. When and where did this happen?

Date(s): \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

2. If your information arises out of a court case, please answer these questions:

(a) What is the name and number of the case?

Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

(b) What kind of case is it? (Please check one below)

☐ Criminal ☐ Probate

☐ Domestic Relations ☐ Law

☐ Juvenile ☐ Municipal

☐ Small Claims ☐ Chancery

☐ Other (specify): \_\_\_\_\_

(c) What is your relationship to the case?

☐ Plaintiff/Petitioner

☐ Defendant/Respondent

☐ Attorney for: \_\_\_\_\_

☐ Witness for: \_\_\_\_\_

☐ Other (specify): \_\_\_\_\_

(d) If you were represented by an attorney in this matter at the time of the conduct of the Judge, please identify the attorney:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number:(    ) \_\_\_\_\_

(e) Identify any other attorney(s) who represented you or any person involved in the case:

Name of Attorney: \_\_\_\_\_

Address of Attorney: \_\_\_\_\_

Telephone Number:(    ) \_\_\_\_\_

Attorney Represented: \_\_\_\_\_

3. List \*documents that help support your information that the Judge has engaged in misconduct or has a disability, noting which ones you have attached:

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**\*NOTE: Documents will not be returned. Please send copies only.**

4. Identify, if you can, any other witnesses to the conduct of the Judge:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number:(    ) \_\_\_\_\_

[illegible]

[illegible]

Your Signature: \_\_\_\_\_

Date: \_\_\_\_\_

